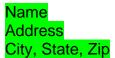


## State of California—Health and Human Services Agency Department of Health Services



## 15-DAY REMINDER NOTICE





## **IMPORTANT REMINDER NOTICE!**

You must ACT NOW. Your <u>temporary</u> Medi-Cal benefits will end on XX/XX/XX. If you want to continue getting complete health, dental and vision coverage, send us your completed application before the end of this month.

If you have any questions about filling out your application, or if you need help with it, you may call 1-800-880-5305 and ask for the name of a Certified Application Assistant in your area. **This phone call and all help is free.** 

If you do not fill out and send in an application, your child or children will lose their **temporary** Medi-Cal health, dental and vision services through the CHDP Gateway program on XX/XX/XX.

We must get your application for Medi-Cal or Healthy Families <u>before</u> the end of this month if you want to continue getting health, dental and vision coverage for your children.

If you have lost your application, and would like another one, please call 1-800-880-5305.